

**Job Preparation Services**

**630X-Work Readiness 3 - Skill Development with Work Experience**

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| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Provider: | Click to enter |
| VRC Name: | Click to enter | NYS Fiscal System ID: | Click to enter |
|  | Report Date: | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| Participant First Name: | Click to enter | Participant Last Name: | Click to enter |
| Participant Phone Number: | Click to enter |
| Participant Email Address: | Click to enter |

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|  |[ ]  **Mid-Point Report** |  |[ ]  **Final Report** |  |  |

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|  |  |  |  |
| **Start Date of Service:** | Click to enter | **End Date of Service:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **In Case of Drop Out, Last Date of Contact:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Number of Units Utilized:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Number of Units Authorized:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Number of Units Completed in a Community-based Setting:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Please Indicate the Community-based Setting:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| At least one-third of the Work Readiness 3 Skill Development must be done in a community-based setting. |
|  |
| **Was this report completed and submitted within 10 days of the last service?**  |
|  |  |  |[ ]  Yes | [ ]  | No |  |  |  |
| If no, please explain: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| Workplace Readiness 3 Skill Development with Work Experience**is based on a pre-approved** detailed Syllabus/Activity Plan. The Syllabus/Activity Plan must be approved by the ACCES-VR District Office(s) utilizing the service.  |
|  |  |  |  |  |  |  |  |  |  |
| **Describe the Services Provided to the Participant:** |  |  |  |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |

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| **List Skill and Provide Progress Rating:** |
|  |  |  |  |  |  |  |  |  |  |
| **Rating Scale:** |  |  |  |  |  |  |  |  |
| * Level 4 is the **Standard of excellence** level. Descriptions should indicate that all aspects of work exceed grade level expectations and show exemplary performance or understanding.
 |
| * Level 3 is the **Approaching standard of excellence** level. Descriptions should indicate some aspects of skill that exceed expectations and demonstrate solid performance or understanding.
 |
| * Level 2 is the **Meets acceptable standard**. This level should indicate minimal competencies acceptable expectations. Performance and understanding are emerging or developing but there are some errors and mastery is not thorough.
 |
| * Level 1 **Does not yet meet acceptable standard.** This level indicates what is not adequate for expectations and indicates that the student has serious need for skill development and improvement.
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|  |  |  |  |  |  |  |  |  |  |
| **List skill:** |  |  |  |  | **Progress in acquiring skills Rating (1-4):** |
|  1) | Click to enter |  1) | Click to enter |
|  2) | Click to enter |  2) | Click to enter  |
|  3) | Click to enter |  3) | Click to enter  |
|  4) | Click to enter |  4) | Click to enter  |
|  5) | Click to enter |  5) | Click to enter  |
|  6) | Click to enter |  6) | Click to enter  |
|  7) | Click to enter |  7) | Click to enter  |
|  8) | Click to enter |  8) | Click to enter  |
|  9) | Click to enter |  9) | Click to enter  |
| 10) | Click to enter | 10) | Click to enter  |
|  |  |  |  |  |  |  |  |  |  |
| **Newly mastered skills and competencies developed as a result of the service. Please check all that apply.**  |
|  |  |  |  |  |  |  |  |  |  |
|[ ]  Independent Living Skills |  |[ ]  Social/Interpersonal Skills |  |  |
|[ ]  Financial literacy |  |[ ]  Orientation and mobility skills |  |  |
|[ ]  Job-seeking skills |  |[ ]  Understanding employer expectations for punctuality and performance |
|[ ]  Other “soft” skills necessary for employment: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| Provide a narrative including but not limited to: Has participant actively demonstrated increased competency in above areas? Any concerns, impressions and recommendations for consideration.  |
| Click to enter |
|  |
| NOTE: If Job Retention leads to case closure as a direct result of the above defined services, provider may submit a 932X/937X Job Retention Report following 90 days of participant’s employment. |

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| **Completed By:**  |
|  |  | Click to enter |
| Qualified Staff Signature |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

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| --- |
|  **Provider Supervisor:**  |
|  |  | Click to enter |
| Qualified Staff Signature |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |